MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10872

Reg. Dist. No. 261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Marion, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Lover's Lane.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Marion, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Lover's Lane.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Infant Ames

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col.	S.

8 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 8 - 40

8. AGE: Years: Stillborn | Months | Days | If less than one day: hrs. min.

9. Birthplace: Marion, Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Alfred Ames
13. Birthplace: Md.

MOTHER
14. Maiden name: Ruth Williams
15. Birthplace: Md

16. Informant: Mother - Ruth Williams
Address: Marion, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 9-40 (month) (day) (year)
Cemetery or crematory: Waters Chapel Cem.
Location: Kingston, Md.

18. Funeral director: Fred Ames
Address: Kingston, Md.

19. 10/9/40 (Date rec'd by registrar) Aurelia P. Lawson (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct - 8 - 1940 at ~~4:15~~ P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19---, and that I last saw h--- alive on ---- 19---.

Immediate cause of death: Stillborn.

DURATION

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: R. H. Jackson M.D.
M. D. or other
Address: Princess Anne Date signed: Oct 9 40

RECEIVED
NOV 2 1940

10873

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset

City or town Marion Sta Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Marion Sta Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Samuel S Benchamp

3. (b) Social Security Number none

4. Sex Mal.

5. Color or race Col.

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Lilley Benchamp

6(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Feb 18 - 1887

8. AGE: Years 53. Months 7 Days 7 If less than one day ___ hrs. ___ min.

9. Birthplace Md.

(Town, county, and state)

10. Usual occupation Labor

11. Industry or business

FATHER

12. Name Samuel B Benchamp

13. Birthplace Md.

MOTHER

14. Maiden name Carolyn Brown

15. Birthplace Md.

16. Informant Lilly Benchamp

Address Marion Sta Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 27 1940 (month) (day) (year)

Cemetery or crematory Mt Pier Cemetery

Location Near Marion Md

18. Funeral director Geo W Tilghman

Address Marion

19. 10/26 1940 (Date rec'd by registrar) Aurelia B Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1940, to Oct 25 1940, and that I last saw h— alive on Oct 24 1940.

Immediate cause of death	DURATION
acute Dis of Heart menus.	1 week
Due to	
Due to Acute Carenchymatous nephritis acute myocarditis	2 months
Other conditions	

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C. Coulbourn MD M. D. or other

Address Marion Sta Md Date signed Oct 27 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18-a

CERTIFICATE OF DEATH

10874

Reg. Dist. No. 270

OUTSIDE CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all life

Hospital, institution, or street address where death occurred: McCready Memorial Hospital

How long in hospital or institution? 40 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Addie J. Dougherty

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W	Widowed

6.(b) Name of husband or wife: John H. Dougherty

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Mch 18, 1863

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
77	7	13		

8. Birthplace: Crisfield Md.
(Town, county, and state)

10. Usual occupation: Home maker

11. Industry or business

FATHER
12. Name: William Rayfield
13. Birthplace: Md.

MOTHER
14. Maiden name: Virginia Tawes
15. Birthplace: Md

16. Informant: Elias Dougherty
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 2 - 40 (month) (day) (year)

Cemetery or crematory: Sunny Ridge

Location: Nr Crisfield

18. Funeral director: J S Larmore Inc.

Address: Crisfield Md

19. Nov 1 1940 (Date rec'd by registrar) C E Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 31 1940, at 6-45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1936 to Oct 30 1940 and that I last saw h[illegible] alive on Oct 30 1940.

Immediate cause of death	DURATION
Pyelitis Sub-obstruction	6 Weeks
Due to	
Due to Chronic Nephritis	4 Yrs.
Other conditions Fracture of neck of left femur	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Coordinating Cause Date of

Where did injury occur? Fracture of neck of left femur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fall Injured at work? Yes

23. SIGNATURE: C E Collins M. D. or other

Address: Crisfield Md. Date signed Nov 1-40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(117a)

CERTIFICATE OF DEATH

10875

Reg. Dist. No. 5-60

1. PLACE OF DEATH:

County: Somerset

City or town: Westover

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 mo

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infant give residence of mother)

State: Md County: Somerset

City or town:

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME Oscar W Deshields

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	infant

B.(b) Name of husband or wife: infant

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Apr. 30-1940

8. AGE: Years	Months	Days	If less than one day
	5	10	hrs. min.

9. Birthplace: Westover Somerset Co Md (Town, county, and state)

10. Usual occupation: infant

11. Industry or business

FATHER 12. Name: Oscar F Deshields

13. Birthplace: Westover Somerset Co Md

MOTHER 14. Maiden name: Beulah M Collins

15. Birthplace: Westover Somerset Co Md

18. Informant: Oscar F Deshields

Address: Westover Somerset Co Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 10 1940 (month) (day) (year)

Cemetery or crematory: Cottage Grove

Location: Westover Somerset Co Md

18. Funeral director: Chas. H. Ward.

Address: Marion Md.

19. 10/10/40 (Date rec'd by registrar) J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 9th 1940 at 11a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Acute Hemicephalis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J Smith M. D. or other

Address: Princess Anne Md Date signed: 10-10-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

10876

1. PLACE OF DEATH (94a)

County Somerset Registration Dist. No. 270

Village or City Hopewell No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John William Franklin If U. S. Veteran, specify WAR

(a) Residence: No. Hopewell St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bradshaw Franklin

6. DATE OF BIRTH (month, day, and year) Oct 4 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John B Franklin

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Emily Messick

16. BIRTHPLACE (city or town) (State or country) Smith Island Md

17. INFORMANT (Address) William Franklin Hopewell Md

18. BURIAL, CREMATION, OR REMOVAL Place Sunny Ridge Date Oct 27, 1940

19. UNDERTAKER (Address) John A Bradshaw Crisfield Md

20. FILED Oct 25, 19 C E Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ✓, 19✓, to ✓, 19

I last saw h✓ alive on ✓, 19; death is said to have occurred on the date stated above, at 4:20 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other Contributory Causes of Importance: Was dead when I arrived

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury William H. Coulbourn, M. D.

Nature of injury DEPUTY MEDICAL EXAMINER, FOR SOMERSET COUNTY, MD.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm H Coulbourn M. D.

(Address) Crisfield - Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED NOV 5 1940 U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

10877

Reg. Diat. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town Mt Vernon

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Mt Vernon Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cora Vernettnie Hopkins

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed or divorced
female	white	single

6 (b) Name of husband or wife none

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1882

8. AGE: Years	Months	Days	If less than one day
58	3	6	hrs. min.

9. Birthplace Mt Vernon Somerset, Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name George Jr. Hopkins

FATHER 13. Birthplace Mt Vernon Md.

MOTHER 14. Maiden name Sarah E. Austin

MOTHER 15. Birthplace Mt Vernon Md.

16. Informant S. A. Hopkins

Address Princess Anne R.F.D. #2

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 27, 1940 (month) (day) (year)

Cemetery or crematory Asbury Cemetery

Location Mt Vernon Md.

18. Funeral director Dale Dashiell

Address Princess Anne, Md.

19. Oct 27 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27th 1940 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw h alive on 19

Immediate cause of death Cerebral Hemorrhage DURATION

Due to Arteriosclerosis 12 hrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address Dr Ames Md Date signed

RECEIVED
NOV 5 1940
AUDITOR V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 27-a

10878

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Mc. Cready Memorial Hospital

How long in hospital or institution? 3 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Somerset

City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Jane Nibblett King

3. (b) Social Security Number None

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife deceased

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1 1866

8. AGE: Years 74 Months 8 Days 17 If less than one day hrs. min.

9. Birthplace ✓ ✓ Delaware
(Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Joseph Hitchens
13. Birthplace Del.

MOTHER
14. Maiden name Anna Pusey
15. Birthplace Del

16. Informant May Ella Elliott
Address Crisfield, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 20 1940 (month) (day) (year)

Cemetery or crematory Millsborgh Cem

Location Millsboro

18. Funeral director John A Bradshaw
Address Crisfield Md

19. Oct. 18, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1940, at 3 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 25 1940, to Oct 18 1940 and that I last saw her alive on Oct. 17 1940

Immediate cause of death	DURATION
Bacillary Dysentery	1 mo
Chronic myocarditis	1 yr.
Due to	
Due to	
Other conditions Arteriosclerosis	?

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. Peyton M. D. M. D. or other

Address Crisfield, Md Date signed Oct. 18, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

10879

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town Manokin

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 74 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset

City or town Near Pocomoke City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Susan Morris Lankford

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widowed

B (b) Name of husband ~~or wife~~ Edward B. Lankford

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 21, 1866

8. AGE:

Years	Months	Days	If less than one day
74	3	10	____ hrs. ____ min.

9. Birthplace Fruitland Wicomico Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name William Polet Morris

13. Birthplace Md

MOTHER 14. Maiden name Mary Caroline Stanford

15. Birthplace Md

16. Informant Mrs George Maddox

Address Manokin Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 2 1940 (month) (day) (year)

Cemetery or crematory Presbytirian Cemitery

Location Pocomoke City Md.

18. Funeral director Margurette N. Watson

Address Pocomoke City Md

19. Nov 1 1940 (Date rec'd by registrar) I.S.O. McMunn Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1940, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 21 1940, to Oct 31 1940, and that I last saw h-er alive on Oct 30 1940.

	DURATION
Immediate cause of death Acute Uraemia	
Due to Chronic Nephritis	Years
Due to Arterio Sclerosis	Years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A A Parker M.D.
M. D. or other

Address Pocomoke City Md Date signed Nov 1. 1940

DEC 2 1949
U. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

10880

Reg. Diat. No. 270

1. PLACE OF DEATH:
County: Somerset
City or town: Rural Crisfield R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? several years.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Neighborhood of Lawsonia
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Charles J. Moore

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mrs. Martha E. Moore
6.(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): Sept. 18th 1872

8. AGE:

Years	Months	Days	If less than one day
68		12	..... hrs. ..... min.

9. Birthplace: Somerset Co. Md. (Town, county, and state)
10. Usual occupation: Oystering and Farming
11. Industry or business:
FATHER 12. Name: James K. Moore
13. Birthplace: Md.
MOTHER 14. Maiden name: Serena Sterling
15. Birthplace: Md.
16. Informant: Mrs. Ralph Cullen
Address: Crisfield, Md.
17. Burial (Burial, cremation, or removal) Date thereof: Oct 3rd 1940 (month) (day) (year)
Cemetery or crematory: Asbury Cemetery
Location: near Crisfield
18. Funeral director: J. D. Lawson & Son
Address: Crisfield, Md.
19. Oct 2 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 1st 1940, at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 30 1940, to Oct 1 1940 and that I last saw him alive on Sept 30 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 hrs
Due to Arteriosclerosis	1 yr
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: S. M. Peyton M.D.
M. D. or other
Address: Crisfield Md. Date signed: Oct 2 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 5 1940
BUREAU U. S.

10881

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

OUTSIDE CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 17 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester Co

City or town Pocomoke City Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bertha M. Phillips

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Herbert Phillips

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.): December 30 - 1887

8. AGE: Years 5 Months 9 Days 21 If less than one day ___ hrs. ___ min.

9. Birthplace: Pennsylvania (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home work

FATHER

12. Name: Watt

13. Birthplace: Penn

MOTHER

14. Maiden name: Watt

15. Birthplace: Penn

16. Informant: Herbert Phillips

Address: Pocomoke City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 24, 1940 (month) (day) (year)

Cemetery or crematory: Methodist Cemetery

Location: Pocomoke City, Md

18. Funeral director: Margarette H. Watson

Address: Pocomoke City, Md

19. Oct. 23, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 - 1940, at 7P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 4 1940, to October 21 1940 and that I last saw her alive on October 21 1940.

Immediate cause of death: Hemiplegia.

Due to Cerebral hemorrhage. Duration: two days. C.W.G.R.

Due to Acute Cardiac Dialatation

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. H. Coulbourn M.D. M. D. or other

Address Crisfield Md Date signed Oct 21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
M. LEAU V. C.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10882

WITHIN CORPORATE LIMITS

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Somerset Registration Dist. No. 265

Village or City Crisfield ND. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Richardson If U. S. Veteran, specify WAR

(a) Residence: No. Pine Street St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 22 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Crisfield (State or country) Md

FATHER

13. NAME James E Richardson

14. BIRTHPLACE (city or town) Pocomoke (State or country) Md

MOTHER

15. MAIDEN NAME Demri Young

16. BIRTHPLACE (city or town) Pocomoke (State or country) Md

17. INFORMANT Olivia Thompson (Address) Crisfield Md

18. BURIAL, CREMATION, OR REMOVAL Place Crisfield Com Date Oct 24, 1940

19. UNDERTAKER John A Bradshaw (Address) Crisfield Md

20. FILED Oct. 23, 1940 C. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 22 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1940 to Oct 22, 1940

I last saw h alive on Oct 22, 1940, death is said to have occurred on the date stated above, at 2 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute dilitation of heart (Sudden death)	
Other Contributory Causes of importance: Myxedema	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R R Norris M. D.

(Address) Crisfield Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (168)

OUTSIDE CORPORATE LIMITS OF

CERTIFICATE OF DEATH

10883

Reg. Dist. No. 270

1. PLACE OF DEATH: Somerset
County
City or town Kingston
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? ?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Somerset
City or town Kingston
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mary Jane Robb

3.(b) Social Security Number ?

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Unknown

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Exact date unknown

8. AGE: Years	Months	Days	If less than one day
About 45			hrs. min.

9. Birthplace ? ? Virginia
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name Virginia Robb
15. Birthplace ? Va

16. Informant Sister
Address Newport News Va

17. Burial Date thereof Nov 3 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Newport News
Location Newport News Va

18. Funeral director John A Bradshaw
Address Crisfield Md

19. Oct. 31, 1940 C. E. Collins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Not Known Oct 31 1940 at Not Known M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Burn Fracture - Internal Hemorrhage	
Due to Shock. Skin Grafts.	
Due to Burns.	
Face & Chest burned.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide~~, or homicide Not Known Date of Oct 31
Where did injury occur? Kingston Somerset Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Farm
Means of injury Burned Accident & Burns Injured at work? no

23. SIGNATURE George L Coulbourn Acting Deputy Coroner
M. D. or other
Address Marion Sta Md Date signed Nov 2 40

RECEIVED
NOV 5 1940
BUREAU V. S.

11063

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

CERTIFICATE OF DEATH

Reg. Dist. No. 264

1. PLACE OF DEATH:

County: Somerset

City or town: Upper Fairmount
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Westover, Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Stillborn Robinson

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Col.

6.(a) Single, married, widowed, or divorced: —

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 26, 1940

8. AGE: Years | Months | Days — Stillborn — If less than one day ..... hrs. ..... min.

9. Birthplace: Upper Fairmount, Som. Co. Md
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Christopher Robinson
13. Birthplace: Somerset Co. Md

MOTHER
14. Maiden name: Edna Whittington
15. Birthplace: Somerset, Md

16. Informant: Christopher Robinson
Address: Westover Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 26 1940 (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director: Christopher Robinson Father
Address: Westover Md

19. ..... 19 K. O. Dickinson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 26 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ....., to ..... 19 .....

and that I last saw h ..... alive on ..... 19 .....

Immediate cause of death: No Doctor — DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

* PLEASE SIGN HERE

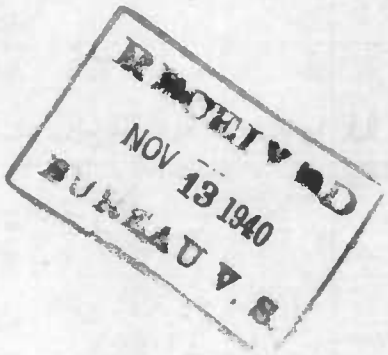
23. SIGNATURE: K. O. Dickinson REGISTRAR ~~M. D. or other~~

Address: Up. Fairmount Date signed: Oct 12/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


NOV 13 1940
U.S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

10884

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? about 18 or 20 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Maryland Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Alice E. Sterling

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: John E. Sterling
6.(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): April 12th 1869

8. AGE: Years: 71 | Months: 5 | Days: 27 | If less than one day: hrs. min.

9. Birthplace: Somerset Co. Md.
(Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business:

FATHER
12. Name: George W. Bedsworth
13. Birthplace: Md

MOTHER
14. Maiden name: Emaline Wilson
15. Birthplace: Md.

16. Informant: Ellison Sterling
Address: Crisfield, Md.

17. (Burial, ~~cremation, or removal~~. Which?) Burial
Date thereof: Oct. 11th 1940
(month) (day) (year)
Cemetery or crematory: Dunns Ridge Cemetery
Location: near Crisfield.

18. Funeral director: T. S. Pruitt & Son
Address: Crisfield Md.

19. Oct. 10 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 9th 1940 at 10 30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 19 1940, to Oct. 9 1940
and that I last saw her alive on Oct. 5 1940

Immediate cause of death	DURATION
Chronic myocarditis	4 mo.
arteriosclerosis	?
Due to	
Due to	
Other conditions Diabetes mellitus	15 yrs

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: S. M. Penton M.D.
M. D. or other
Address: Crisfield Md. Date signed: Oct. 10, 1940

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

10885

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset.
City or town Manokin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Manokin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harriett Ward

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife John Ward.
Deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Don't Know

8. AGE: Years about 87 | Months | Days | If less than one day hrs. min.

9. Birthplace Cottage Grove, Somerset Co. (Town, county, and state)

10. Usual occupation House work.

11. Industry or business

FATHER 12. Name Moses Parker.
13. Birthplace Somerset County.

MOTHER 14. Maiden name Don't know
15. Birthplace

16. Informant Mrs Samuel Wesley Maddox
Address Manokin Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 8. 1940 (month) (day) (year)
Cemetery or crematory Manokin
Location Near Church. Somerset Co

16. Funeral director John A. Bradshaw
Address Crisfield Md.

19. 10/8 (Date rec'd by registrar) 1940 T. J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct-V-th 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,
and that I last saw h alive on 19.

Immediate cause of death	DURATION
Cerebral Hemorrhage	Few hours
Due to	
Due to	
Other conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE T. J. Smith M. D. or other
Address Princess Anne Md Date signed 10-8-40

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

10886

CERTIFICATE OF DEATH

Reg. Dist. No. 264

1. PLACE OF DEATH:

County Somerset

City or town Upper Hill Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Upper Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emory Graham Waters

3. (b) Social Security Number

4. Sex Male

5. Color or race Col

6. (a) Single, married, widowed, or divorced Married

8 (b) Name of ~~husband~~ or ~~wife~~ with Alenia Waters

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1890 May 15

8. AGE: Years 50 Months 4 Days 2 If less than one day hrs. min.

9. Birthplace Fairmount, Md.
(Town, county, and state)

10. Usual occupation Postmaster

11. Industry or business Merchant

FATHER
12. Name Joshua Waters
13. Birthplace Fairmount Md.

MOTHER
14. Maiden name Augustine Roach
15. Birthplace Fairmount Md.

16. Informant Allena Waters
Address Upper Hill Md

17. Burial Date thereof Oct. 20, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Family Cemetery

Location Upper Hill, Md.

18. Funeral director Charles H. Ward
Address Marion, Md.

19. Oct. 19 1940 Florence E. Ford
(Date rec'd by registrar) Deptt. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1940, at 5:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 26 1940, to Oct 17 1940, and that I last saw him alive on Oct 17th 1940.

Immediate cause of death	DURATION
Aortic Insufficiency	10 mths
Due to	
Due to	
Other conditions	
Chronic Intestitial Nephritis	18 mths

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Exdon G. Maussman M. D. or other

Address Price Anne Md Date signed 10.18.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

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NOV 5 1940
BUREAU V. S.

10887

OUTSIDE CORPORATE LIMITS C

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

115-C

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9-9-22

Hospital, Institution, or street address where death occurred: McCready Memorial Hospital

How long in hospital or institution? 12 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Lola May White (Rolley)

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Dec, 16, 1930

8. AGE:

Years	Months	Days	If less than one day
9	9	22	... hrs. ... min.

8. Birthplace: Crisfield, Somerset, Md
(Town, county, and state)

10. Usual occupation: Student

11. Industry or business

FATHER
12. Name: Charles Rolley (
13. Birthplace: St Marys County Md

MOTHER
14. Maiden name: Celestial White
15. Birthplace: Fairmount Md

16. Informant: Lola White
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 10 1940 (month) (day) (year)

Cemetery or crematory: Green Mount

Location: Fairmount Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Oct 9 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 8 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 26 1940, to Oct 8 1940 and that I last saw her alive on Oct 8 1940

Immediate cause of death: Acute Dis of Pent

Due to: Septic Concordate

Due to: Septic throat

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: none

Date of op.

Autopsy results: Oral Cardal Hemorrhagic

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: George C. Coulburn MD
M. D. or other

Address: Marion Sta Date signed: Oct 10 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

10888

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Near Princess Anne
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Bell Fooks Wilson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Widowed

6 (b) Name of husband or wife
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: 6 yr | Months | Days | If less than one day: ____ hrs. ____ min.

9. Birthplace: Somerset Co. (Town, county, and state)

10. Usual occupation: Home work

11. Industry or business:

FATHER
12. Name: Henry Wilson
13. Birthplace: Somerset Co.

MOTHER
14. Maiden name: Sally Fooks
15. Birthplace: Somerset Co.

16. Informant: Geo. Horn (grandson)
Address: Princess Anne Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 14-40 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Princess Anne Md
18. Funeral director: J. F. Dennis
Address: Princess Anne Md.

19. 10/17/40 (Date rec'd by registrar) 1940 T. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 17th 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____,
and that I last saw h____ alive on ____ 19____

DURATION

Immediate cause of death: Myocarditis
Arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: T. Smith M. D. or other
Address: Princess Anne Md Date signed 10/17/40

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NOV 5 1940
BUREAU U. S.